

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7090 / 14724

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Hillary for America

**A. Full Name (Last, First, Middle Initial)**

Suzanne Loranc

Mailing Address 175 Lexington Ave

City

New York

State

NY

Zip Code

10016-7328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FJM Communications

Occupation  
Crisis Communications Consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

378.00

**Transaction ID : C255115**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 19 / 2015

Amount of Each Receipt this Period

3.00

**B. Full Name (Last, First, Middle Initial)**

Cristina Pereda

Mailing Address 2627 S Bayshore Dr  
Apt 808

City

Miami

State

FL

Zip Code

33133-5440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miami Dade Public Schools

Occupation  
Teacher

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : C120945**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 10 / 2015

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

Alexia Worsham

Mailing Address 21534 Madrone Dr

City

Los Gatos

State

CA

Zip Code

95033-8961

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Santa Clara Valley Health & Hospital S

Occupation  
Senior Health Care Program Analyst

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.28

**Transaction ID : C88745**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 01 / 2015

Amount of Each Receipt this Period

25.00

**Subtotal Of Receipts This Page (optional)**.....

2728.00

**Total This Period (last page this line number only)**.....